

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3884 ✓

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

49.

15 05 OF DEATH AND 31 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Prima</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Prima Rural</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
1 1 182 4 751	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Jacob.</u> B. (MIDDLE) <u>Wm</u> C. (LAST) <u>Felshaw</u>		4. SEX <u>M.</u>	5. COLOR OR RACE <u>W.</u>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Jun</u> DAY <u>25</u> YEAR <u>1869</u>	
	8. AGE YEARS <u>82</u> MONTHS <u>5</u> DAYS <u>7</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farming</u>	
334X OF EATH EM 18)	9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
	13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>John Felshaw</u>	
334X OF EATH EM 18)	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ohio</u>		15A. MOTHER'S MAIDEN NAME <u>Frances Croft</u>	
	16. INFORMANT'S SIGNATURE <u>x Mrs Jack Bryce</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 2-51</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Syptotatic Pneumonia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STAT. ING THE UNDERLYING CAUSE LAST. <u>Stroke & Left Hemiplegia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
ACTIONS, TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
EATH IE TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 1</u> , 19 <u>51</u> , TO <u>July 2</u> , 19 <u>51</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>July 1</u> , 19 <u>51</u> , AND THAT DEATH OCCURRED AT <u>830 P.M.</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
	23A. SIGNATURE <u>John W. C. Rawson</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Bedford Arizona</u>	
DICAL RNER'S ICATION	23C. DATE SIGNED <u>7/3/51</u>		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	
	24B. DATE <u>7/5/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Prima Cemetery</u>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prima Ariz</u>		25A. DATE REC'D BY LOCAL REG. <u>July 6/1951</u>	
ERAL ECTOR ND STRAR	25B. REGISTRAR'S SIGNATURE <u>M. C. Rawson</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>	
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